

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12911</u>	2. Fiscal Year Covered From: <u>1 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Roy E Essex</u> P.O. Box, Bldg., Room No., if any Street <u>2002 Trafalgar Drive</u> City <u>Ft. Washington</u> State <u>MARYLAND</u> ZIP Code + 4 <u>20744</u>	4. Name, file number, and address of labor organization. Name <u>Warehouse Employees Local Union No. 730</u> Labor Organization File Number: <u>009607</u> P.O. Box, Building and Room Number, if any Street <u>2001 Rhode Island Ave. N.E.</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20018</u>
5. Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Roy E. Essex

On

8/8/05  
Date

301 292-3290  
Telephone Number

Name of Person Filing	Roy E. Essex	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Warehouse Employees Union Local No 730 Pension Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4301 Garden City w. suite 201</p> <p>City Landover</p> <p>State Maryland ZIP Code + 4 20785</p>	<p>11.a. Nature of such dealing.</p> <p>Trustee Expense for Educational Seminars</p>
	<p>11.b. Approximate dollar value of such dealing. \$2,152.00</p>
	<p>12.a. Nature of interest held or income received.</p> <p>ERISA Pension Investment Conference Expense for Hotel, Transportation, and meals.</p> <p>Hilton Head Island</p> <p>South Carolina</p> <p>April 27 Thru May 2, 2004</p>
	<p>12.b. Amount. \$2,152.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

<p>10. If 9 b. or 9 c is checked give trust or employer's name</p> <p>Warehouse Employees union Local No. 730  Health and welfare Trust  4301 Garden City Dr Suite 201  Landover, Maryland 20785</p>	<p>11.a Nature of such dealing.</p> <p>Trustee Expense  for Educational  Seminars</p> <p>11.b Approximate dollar value  of such dealing.</p> <p>\$ 1,831.00</p>
<p>12.a Nature of interest held or income received.</p> <p>International Foundation of Employee  Benefit Conference Expense for Hotel  Transportation and meals.  New Orleans, Louisiana  November 30 Thru December 5, 2004</p>	<p>12.b Amount</p> <p>\$ 1,831.00</p>

<p>10. If 9.b or 9.c is checked give trust or employer's name.</p>	<p>11.a Nature of such dealings.</p> <p>11.b Approximate dollar value  of such dealing.</p> <p>\$</p>
<p>12.a Nature of interest held or income received.</p>	<p>12.b Amount</p>